

CHECK-OFF LIST FOR ALCOHOLIC BEVERAGE LICENSE

- () COPY OF LEASE
- () APPLICATION – IN DUPLICATE (all forms must be completed, signed and notarized).
- () COPY OF DRIVER'S LICENSE
- () PERSONNEL STATEMENTS - IN DUPLICATE (required on sole proprietor, all partners, all stockholders with more than 10% ownership, corporate officers and all managers. Original pictures are required on each form. Consent form must be attached to each personnel statement.
- () REGISTERED AGENT FORM - IN DUPLICATE (registered agent for service of process must reside in Fulton County).
- () LEGAL SURVEY (scale drawing showing business locations and completion of enclosed SURVEYOR'S CERTIFICATE).
- () FLOOR PLAN DRAWING - IN DUPLICATE (consumption on premises must show kitchen and customer area; convenience stores, grocery stores, gas, drug or dry goods must show 80% floor space and storage area devoted to the retail sale of other products).
- () COPY OF MENU (for consumption only).
- () CASHIER'S CHECK OR CERTIFIED CHECK.
- () BUSINESS LICENSE (if applicable)
- () HEALTH APPROVAL (for consumption only).
- () FIRE APPROVAL (for consumption only).
- () PERFORMANCE BOND (for wholesalers only).
- () STATEMENTS OF CLEARANCES from ALPHARETTA POLICE DEPARTMENT (required on applicants, licensees, managers – applicant/licensee will be a sole proprietor, major partner or majority stockholder, if an individual, otherwise the corporation's registered agent). We will acquire this from the Police Department. Not applicant's responsibility.

() REVIEW OF CODE AND FOLLOWING NOTES:

- 1. It is advisable that applicants for any business, liquor, beer and/or wine licenses make no expenditures, sign no contracts or obligate themselves in any other manner without first making themselves aware of all requirements for State and City Code compliance.**
- 2. All applicable distance requirements for liquor, beer and/or wine are to be measured as follows:**
 - (a) in a straight line from the point of the structure from which beverage alcohol is sold or offered for sale nearest to the residence, library, property line, park or school bus stop referred to in the City Ordinance.**
- 3. Any police, zoning, health and fire clearances must be approved in writing by these departments and sent to the business license section before your application for a license can be completely processed.**
- 4. Any questions you may have with regard to the interpretation of the City of Alpharetta Code or its application to your particular situation must be submitted in writing to the City Clerk. Your questions will be reviewed and answered in writing as appropriate. You must not rely on verbal interpretations of the code or verbal opinions with regard to its application to your particular situation.**
- 5. In addition to the city license, a state license is required – contact The State of Georgia Revenue Department**

CITY OF ALPHARETTA PRIVILEGE LICENSE APPLICATION

INSTRUCTIONS: Every question must be fully and correctly answered. If space provided is not sufficient, answer the question on a separate sheet and indicate in the space provided that such separate sheet is attached. When completed it must be dated, signed and verified, under oath by the licensee and filed with the City Clerk, City of Alpharetta, Two South Main Street, Alpharetta, Georgia 30004, together with all supporting papers, and a Money Order, Cashiers or Certified Check for the \$350.00 Investigation Fee.

THIS APPLICATION AND THE FLOOR PLAN MUST BE FILED IN DUPLICATE.

Check One

☐ New Location ☐ New License ☐ New Ownership ☐ Other Changes
Specify

☐ Packaged Store ☐ Drive-In Grocery ☐ Private Club

☐ Restaurant ☐ Gas Sta. W/Groc. ☐ Super Market

☐ Specialty Shop: ☐ Other Specify:

CHECK TYPE OF LICENSE

☐ Packaged Store ☐ Wholesale ☐ Consumption On Premises
Establishments Selling
Liquor Also Must Collect
and File A Mixed Drink Tax
Return Monthly

<input type="checkbox"/> LIQUOR	\$ _____
<input type="checkbox"/> BEER	\$ _____
<input type="checkbox"/> WINE	\$ _____
<input type="checkbox"/> BEER & WINE	\$ _____
<input type="checkbox"/> SUNDAY SALES	\$ _____
<input type="checkbox"/> TOTAL DUE	\$ _____

NOTE

- ◆ **LICENSES GRANTED PRIOR TO JULY 1ST SHALL PAY FEE FOR ENTIRE YEAR.**
 - ◆ **LICENSES GRANTED AFTER JULY 1ST ARE ISSUED ONLY FOR NUMBER OF MONTHS REMAINING IN CALENDAR YEAR.**
 - ◆ **ANY PARTIAL MONTHS SHALL BE COUNTED AS A FULL MONTH.**
 - ◆ **LICENSE FEES ARE NOT REFUNDABLE.**
 - ◆ **SUNDAY SALES PERMITS ARE ISSUED ONLY TO CONSUMPTION ON PREMISES ESTABLISHMENTS.**
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**Coty Ervin, City Clerk
City of Alpharetta
Two South Main Street
Alpharetta, Georgia 30004**

(678) 297-6003

Licensees Full Name (Last, First, Initial)	Social Security #	Date of Birth
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Licensee Home Address (Street Address)	City/State	Zip Code	Home Phone
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Business Name	Mailing Address-City/State	Zip Code
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Business Location	(Street Address)
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City	Zip Code	Bus. Phone
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Fed. Employer I.D. No.	GA Sales Tax No.	State W/H No.
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TYPE OF OWNERSHIP (Check One)

<input type="checkbox"/> Single Proprietor	<input type="checkbox"/> Partnership or Association	<input type="checkbox"/> Corporation (Name if Corp.)
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Partner(s) Corp. Officers', Managers' and 10% or greater Shareholders' Name & Resident Address	% Interest	S.S. #
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NOTE: Before signing this application, check all answers and explanations to see that you have answered all questions fully and correctly. This application is to be executed under oath and subject to the penalties of false swearing. Licensee understands that any license issued pursuant to this application is conditional upon the truth of the answers and statements made herein and that any false answers and statements herein shall constitute cause for the suspension or revocation of any license issued pursuant to this application.

1. WILL YOU HAVE ENTERTAINMENT? _____ If yes, describe in detail. _____

2. Does the licensee, partner, corporation or owners have any ownership interest in any other licensed Alcoholic Beverage business in the State of Georgia?

3. List the full name, social security number and other pertinent information for each person having any interest in the application and the percentage of interest.

<u>Name</u>	<u>Soc. Sec. No.</u>	<u>Resident Address</u>	<u>DOB</u>	<u>% Interest</u>
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4. List the name and address of the owners of the building and land and the name and address of the lessor and sub-lessor.

Name	Address	Amount of Rent Paid
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Owner Bldg. _____

Owner Land _____

Lessor _____

Sub-Lessor _____

*ATTACH ONE COPY OF LEASE

5. How much of the capital is being invested in the business and by whom? _____

<u>Name</u>	<u>Address</u>	<u>Amount being invested</u>
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NOTE: Before signing this statement, check all answers and explanations to see that you have answered all questions fully and correctly. This statement is to be executed under oath and is subject to the penalties of false swearing, and it includes all attached sheets submitted herewith.

State of Georgia, _____ County.

I _____ do solemnly swear, subject to the penalties of false swearing , that the statements and answers made by me as the applicant in the foregoing personnel statement are true and correct.

Applicant's Signature

I hereby certify that _____ signed his name to the foregoing application stating to me that he knew and understood all statements and answers made therein, and, under oath actually administered by me, has sworn that said statements and answers are true and correct.

This _____ day of _____, 20 _____

Notary Public

REPORT FOR SURVEY FOR ALCOHOLIC BEVERAGE LICENSE

TO: ALPHARETTA CITY CLERK

DATE: _____

APPLICANT: _____

TRADE NAME: _____

ADDRESS: _____

THE UNDERSIGNED HAS EXAMINED THE SUBJECT LOCATION AND HAS MADE MEASUREMENTS TO DETERMINE THE COMPLIANCE OR NON-COMPLIANCE WITH DISTANCE REQUIREMENTS AS FOLLOWS:

1. _____ feet to the _____
(private) residence located at _____

2. _____ feet to the _____
(regular) school bus stop as designated by Fulton Co. Bd. Of Education where five or more children board the bus located at _____

(300 FEET MINIMUM)

1. _____ feet to the _____
(church) or other place used primarily for religious service) located at _____

2. _____ feet to the _____
(public library or branch thereof) located at _____

3. _____ feet to the _____
(school ground or college campus) located at _____

4. _____ feet to the _____
(portion of public park habitually used for recreational purposes) located at _____

This information can be obtained by faxing your request to: North Transportation, Fulton County Board of Education - 770-667-2978.
List type of license applied for, Name of Company, Owner of Company, Street Address, your Phone Number and Name and information requested.

For Alpharetta License: _____ This location IS NOT located within 200 feet of a school bus stop.
_____ This location IS located within 200 feet of a school bus stop.

MEASUREMENTS

Distance shall be measured from such residence, library, property line of church or other place used primarily for religious services, property line of school ground or college campus, park or library, property line, park or school bus stop by the straight line distance to the point of the premises nearest to such residence, library, property line, park or school bus stop.

IN MY OPINION, THE PREMISES INDICATED ABOVE MEET THE DISTANCE REQUIREMENTS FOR LICENSING.

NOTE:

SURVEY SHOWING DISTANCE TO THE USE DESCRIBED ABOVE MUST BE ATTACHED.

GEORGIA REGISTERED LAND SURVEYOR

SURVEYOR NO. _____

REGISTERED AGENT FORM

Business Name

Business Location

City/State/Zip Code

I, _____ do hereby consent to serve as the registered agent for the licensee, owners, officers and/or directors and to perform all obligations of such agency under the provisions of the ordinance of City of Alpharetta. (Every establishment holding an alcoholic beverage license in the city must have a registered agent and this person must be a resident of Fulton County.)

This _____ day of _____, 20_____.

Signature of Agent

Licensee

Type or Print Name of Agent

Owner

Agents Home Address

Owner

City/State/Zip Code

Officer or Director (Title)

**CONSENT FORM
FOR REGISTERED AGENT**

I hereby authorize the CITY OF ALPHARETTA to receive any criminal history on file pertaining to me from any federal, state or local criminal justice agency.

(Print full name)

(Signature)

(Address)

*(Sex)

*(Race)

*(DOB)

*(Social Security #)

(Notary)

(Date)

***The above information is necessary to retrieve criminal history information.**

CITY OF ALPHARETTA PERSONNEL STATEMENT

INSTRUCTIONS: This personnel statement must be executed under oath, by the licensee, all owners, managers, and officers and/or directors of the corporation of any place of business applying for an alcoholic beverage license. Each question must be fully answered. If space provided is not sufficient, answer the question on a separate sheet and indicate in the space provided that a separate sheet is attached. A personnel statement for ALL the above persons must be submitted with each license application.

1. Full Name _____

2. Full name and address of business of which this personnel statement is a part:

3. Position of applicant in business _____

State ownership or interest if any in this business _____

Salary or annual compensation _____

4. Do you have any financial interest, or are you employed in any wholesale or retail business engaged in distilling, bottling, rectifying or selling alcoholic beverage: _____

5. Have you ever had any financial interest in an alcoholic beverage business which was denied a license? _____

If so, give details _____

6. Has any alcoholic beverage business in which you hold, or have held, any financial interest, or are employed, or have been employed, ever been cited for any violation of the rules and regulations of the State Revenue Commissioner relating to the sale and distribution of alcoholic beverage? _____

7. If during the past ten years you have bought and sold any alcoholic beverage business give details (date, license number, persons and considerations involved). _____

8. Have you ever been denied bond by a commercial security company? _____
If so, give details _____

9. Are you a registered voter? _____ In what State? _____ In what County? _____
10. Other names used by applicant: Maiden name, names by former marriages, former names changed legally or otherwise, aliases, nicknames, etc. Specify which, and show dates used. _____

11. Home address _____ Home Phone _____
Business address _____ Bus. Phone _____
12. Social Security Number _____
13. Place of Birth _____ DOB _____ U.S. Citizen _____ By Birth _____
Naturalized _____ Date/Place&Court _____ Certificate # _____
Petition No. _____ Derived Parents Certificate # _____
Alien Register No. _____
Native Country _____ Date & Port of Entry _____
14. Single _____ Married _____ Widowed _____ Divorced _____ Separated _____
15. If married or separated complete the below requested information on spouse:
Full Name of Spouse _____ S.S. # _____
Maiden Name _____ DOB _____
Name of Spouse's employer _____
Address of Employer _____

16. Employment Record for the past ten years (ALL forms must be completed, recent experience first:

Month & Year

[illegible]

17. List in reverse chronological order all of your residences for the past ten years.

DATES

TO	FROM	STREET	CITY	STATE

18. Have you ever been arrested, or held by Federal, State or other law-enforcement authorities, for any violation of any federal law, state law, county or municipal law, regulations or ordinances? (Do not include traffic violations. All other charges must be included even if they were dismissed. Give reason charged or held, date, place where charged and disposition. If no arrest, write no arrest. After Last arrest is listed, please write no other arrest.)

FAILURE TO DISCLOSE ANY SUCH INFORMATION SHALL CONSTITUTE GROUNDS FOR DENIAL OF THE PERMIT.

19. Race_____ Sex_____ Height_____ Weight_____ Age_____ Hair Color_____ Eye Color_____

20. Attach Photograph (front view) taken within past year.

CONSENT FORM

I hereby authorize the CITY OF ALPHARETTA to receive any criminal history on file pertaining to me from any federal, state or local criminal justice agency.

(Print full name)

(Signature)

(Address)

*(Sex)

*(Race)

*(DOB)

*(Social Security #)

(Notary)

(Date)

***The above information is necessary to retrieve criminal history information.**

**CITY OF ALPHARETTA
VERIFICATION OF COMPLIANCE**

LICENSEE: _____

LICENSE #: _____

REPORT FOR CALENDAR MONTH: _____

This section is to be completed by Licensees not located within hotels or motels:

Gross Food Sales: \$ _____

Alcoholic Beverage Sales: \$ _____

Beer & Wine: \$ _____

Liquor: \$ _____

Check enclosed for 3% of Liquor Sales \$ _____

This section is to be completed by licensees located within HOTELS or MOTELS:

**Gross Sales of Prepared Meals or Food
& Retail of Rooms for Overnight Lodging:** \$ _____

Alcoholic Beverage Sales: \$ _____

Beer & Wine: \$ _____

Liquor: \$ _____

Check enclosed for 3% of Liquor Sales \$ _____

The undersigned certifies that he/she is the licensee or is authorized by the licensee to report the foregoing information. The undersigned further certifies and represents that the foregoing data is true and correct, and that the licensee has complied with the terms of the Ordinance governing on premises consumption of alcoholic beverages.

PRINT NAME: _____ **DATE:** _____

SIGNED: _____ **TITLE:** _____

BUSINESS PHONE & EXT. : _____ **FAX:** _____

ALCOHOLIC BEVERAGE CITY OF ALPHARETTA FEE SCHEDULE

Administrative & Investigative Fees-NEW License ONLY

1. Licensee - Investigation and Advertising Fee - \$350.00
2. Employee - Employee - Serving Permit - \$25.00

License Fees – Consumption On The Premises

1. PRIVATE CLUBS as defined in Section 1.031 of the Liquor Ordinance
Beer & Wine - \$750.00
Liquor - \$750.00
Sunday Sales - \$500.00

2. Restaurants
Beer, Wine & Liquor - \$3,500.00
Plus 3% of Liquor sales
THE 3% SHALL BE PAID MONTHLY

1. Beer & Wine	\$ 1,500.00
2. Beer Only	\$ 750.00
3. Wine Only	\$ 750.00
4. Sunday Sales	\$ 500.00

Sunday Sales permit shall be issued only to establishments duly licensed for CONSUMPTION ON THE PREMISES, and only for such beverages permitted by such license.

License Fees – Package

1. Liquor	\$2,000.00
2. Beer	\$1,000.00
3. Wine	\$1,000.00

Specialty Gift Shops

1. Beer	\$300.00
2. Wine	\$300.00

License Fees – Distributors

1. Liquor	\$4000.00 plus \$1.70 per case
2. Beer	\$2000.00 plus \$1.00 per case
3. Wine	\$2000.00 plus \$1.00 per case

License Fee – Manufacturers

1. Liquor	\$8,000.00
2. Beer	\$8,000.00
3. Wine	\$8,000.00

Advertising Fee For Application on NEW License ONLY
NOT APPLICABLE FOR RENEWALS.

Advertised in the Alpharetta Revue two (2) weeks prior to Public Hearing date.

___ Advertisement & Police Investigation Fee - \$350.00

___ Submit with Application a total of \$350.00

___ Make Checks Payable to: City of Alpharetta